



**HEALTH PROFESSIONS  
EDUCATION FOUNDATION**

*Giving Golden Opportunities*

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DATE : April 2, 2001

TO : Potential Applicants

FROM : LaTanya A. Henley  
Program Administrator

SUBJECT: KAISER PERMANENTE ALLIED HEALTH CARE SCHOLARSHIP PROGRAM

Attached is an application packet for the Kaiser Permanente Allied Health Care Scholarship Program. Scholarship assistance is available for the 2001-2002 school year.

Interested persons should send a completed application package to:

Health Professions Education Foundation  
1600 9<sup>th</sup> Street, Suite 436  
Sacramento, CA 95814

**Application packages must be POSTMARKED by September 12, 2001.  
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE EVALUATED**

Questions about the Program and/or the application requirements should be directed to the Health Professions Education Foundation Office at (800) 773-1669.

NOTE: IT IS THE APPLICANT'S RESPONSIBILITY TO CONTACT THE FOUNDATION BY 5:00 P.M. ON THE FINAL FILING DATE AT (800) 773-1669 TO VERIFY WHETHER HIS/HER APPLICATION WAS RECEIVED AND IS COMPLETE AND ACCURATE. THE FOUNDATION WILL NOT PLACE CALLS TO REQUEST ADDITIONAL INFORMATION OR TO CLARIFY INFORMATION PROVIDED. IF THE APPLICANT MAKES AN INQUIRY AND IS INFORMED THAT HIS/HER APPLICATION IS INCOMPLETE, THE APPLICANT WILL HAVE 5 BUSINESS DAYS TO SUBMIT ORIGINALS OF ALL DOCUMENTS REQUIRED TO COMPLETE THE APPLICATION PACKAGE (COPIES AND FAXES WILL NOT BE ACCEPTED).



## **KAISER PERMANENTE ALLIED HEALTH CARE SCHOLARSHIP**

### **PROGRAM INSTRUCTIONS**

#### **PROGRAM DESCRIPTION**

The purpose of the Kaiser Permanente Allied Health Care Scholarship Program is to encourage allied health care professionals to practice direct patient care in medically underserved areas of California; to increase the number of appropriately trained allied health care professionals; and encourage demographically underrepresented groups to pursue the allied health care profession.

Priority will be given to students accepted or enrolled in the following specialties:

Medical Imaging

Physical Therapy

Social Work

Pharmacy

Ultrasound Technician

Diagnostic Medical Sonography

Occupational Therapy

Respiratory Care

Surgical Technician

Pharmacy Technician

Medical Laboratory Technology

Scholarships are awarded to students enrolled in or accepted to a California accredited allied health care education program. Applicants who attend community colleges are eligible for a maximum scholarship award of \$2,000.00 annually, and those who attend a university are eligible for a maximum scholarship award of \$2,500.00 annually.

**Scholarship applications are accepted biannually. Applicants awarded this scholarship are not guaranteed funding for a second year.**

Priority will be given to full-time students, or part-time students who can complete their allied health care degree requirements within the next two years.

#### **ELIGIBILITY REQUIREMENTS**

The applicant must meet the following eligibility requirements:

- Be a U.S. citizen or permanent resident and a California resident.
- Be accepted to or enrolled in a medical imaging, occupational therapy, physical therapy, respiratory care, social work, surgical technician, pharmacy, pharmacy technician, ultrasound technician, medical laboratory technology, or diagnostic medical sonography program within California.
- Be enrolled in at least 6.0 units for each semester/quarter that

scholarship funds are being sought.

- Have and maintain a minimum 2.0 grade point average (GPA) for each semester/quarter for which funds are being sought.
- Agree to practice direct patient care in field of study for at least one year in a medically underserved area of California.
- Submit completed application packet by the final filing date.

## APPLICATION REQUIREMENTS

The applicant must submit the completed application package by the due date. Late or incomplete application packages will not be considered. The completed application package consists of the following:

- The attached Kaiser Permanente Allied Health Care Scholarship Application. Personal statements or autobiographies will not be accepted in lieu of the application. Please do not bind or submit applications in a loose-leaf binder.
- Two *original* letters of recommendation. Copies will not be accepted. Recommendations should be provided by instructors, supervisors and/or organizations for which you have performed paid, volunteer, or other community service. At least one letter must be from a faculty person. **Both letters must be dated within six months of the final filing date and must include a telephone number for verification.**
- Graduation Date Verification Form (page 6 of application).
- Official college transcripts for at least the last two years. If you have been out of school for the last two years, submit your most recent transcripts. All official transcripts related to your degree should be provided. If the upcoming academic year is the first year you will be enrolled in medical imaging, occupational therapy, physical therapy, respiratory care, social work, surgical technician, pharmacy, pharmacy technician, ultrasound technician, medical laboratory technology, or diagnostic medical sonography program, please submit official transcripts for your prerequisite course work.
- Student Aid Report (SAR). Applicants are expected to submit a copy of their Student Aid Report that reflects the results of filing the Free Application for Federal Student Aid (FAFSA). Applicants should file a FAFSA prior to March 2<sup>nd</sup> in order to ensure that they have the SAR to file with their Kaiser Permanente Allied Health Care Scholarship Application. The FAFSA is available from all college financial aid offices and is also available on the Internet at

<http://www.ed.gov.offices/OPE/express.html>. Applicants who do not apply for financial aid must complete page 5 of the application and submit prior year tax returns.

Applications that do not include documentation of financial need and/or community service will be accepted; however, absence of the information will reduce the likelihood of selection for a scholarship.

**APPLICATION  
FILING  
DEADLINE:**

**Sept. 12, 2001**

Late and/or incomplete applications will not be evaluated. The Foundation will not notify applicants of any deficiencies. It is the applicant's responsibility to contact the Foundation by 5:00 p.m. on the final filing date to verify whether his/her application was received and is complete and accurate.

Applicants should duplicate the application prior to submission. The Foundation will not return any documents submitted in the application package. The Foundation will not forward documents to other organizations.

Falsification of application information will disqualify the applicant and the appropriate licensing board will be notified.

**SELECTION  
CRITERIA**

Selection of scholarship recipients is based solely on information contained in the application packet. Therefore, applicants should provide specific responses to the questions. Criteria used in determining the award of scholarships are the applicant's:

- Community Background—family structure, area(s) where you grew up (e.g., rural, urban, suburban area; medically underserved area), socioeconomic status, achievements, challenges, and adverse conditions;
- Community Involvement—documented volunteer service and activities particularly in a medically underserved area;
- Work Experience—direct patient care experiences in a medically underserved area;
- Career Goals—professional goals and plans for the next five to ten years;
- Academic Performance—prior and current academic performance and potential for future academic success; and
- Financial Need—actual or potential difficulty in completing education in the absence of financial assistance.

Priority is given to full and part-time students who will complete their degree requirements within the next two years. Applicants who have previously received scholarships are not guaranteed funding for a second year. Due to limited funding, recipients who breach their contracts with the Foundation will not be allowed to apply for additional funding.

**NOTIFICATION  
OF  
SCHOLARSHIP  
AWARDS**

Applicants will be notified in writing within eight weeks of the final filing date.

**CONDITIONS  
FOR GRANTING  
A SCHOLARSHIP**

All persons granted scholarships must enter into a contract with the California Office of Statewide Health Planning and Development. The contract will require the scholarship recipient to practice full-time direct patient care in his/her field of study in a medically underserved area of California immediately upon graduation for a minimum of 1 year paid employment or through a contribution of 100 hours of volunteer work for every \$2,000 of scholarship monies received, or practice 150 hours of volunteer work for every \$2,500 of scholarship monies received, within a twelve month period. Recipients will be required to repay any awarded scholarship funds, plus interest, if the contract terms are not fulfilled.

**REMINDER**

It is the applicant's responsibility to contact the Foundation by 5:00 p.m. on the final filing date at (800) 773-1669 to verify whether his/her application was received and is complete and accurate. The Foundation will not place calls to request additional information or to clarify information provided. If the applicant makes an inquiry and is informed that his/her application is incomplete, the applicant will have 5 business days to submit originals of all documents required to complete the application package. (Copies and faxes will not be accepted.)